



MISSOURI DEPARTMENT OF HEALTH
STATE PUBLIC HEALTH LABORATORY
CMI INTOXILYZER 5000 MAINTENANCE REPORT

BREATH ALCOHOL PROGRAM

JUN - 2 2009

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; Retain original in department file.

DHSS STATE HEALTH

INTOXILYZER 5000 SN <i>66-005220</i>	JACKSON COUNTY SHERIFF	DATE OF INSPECTION <i>05/28/09</i>
LOCATION OF INSTRUMENT (STREET AND CITY) <i>3310 NE RENNEAU DR LEE'S SUMMIT</i>		TIME OF INSPECTION <i>2050</i>

CHECKLIST

Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.

DVM TEST: (.350 ± .150) *.410*

DIAGNOSTIC CHECK (PRINTOUT ATTACHED)

CHARACTER DISPLAY TEST *OK*

PRINT TEST (PRINTOUT ATTACHED)

TIME AND DATE *OK*

CALIBRATION CHECK —

Run three tests using a standard solution. All three tests must be within ± 5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (USE CAL. CHECK MODE) (PRINTOUT ATTACHED)

0.100% STANDARD — MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE

0.040% STANDARD — MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

(ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

GUTH LDSS

LOT#8280

EXP 08/11/09

.10%

TEST 1	TEST 2	TEST 3
<i>101</i>	<i>104</i>	<i>103</i>

SIMULATOR TEMPERATURE (34° ± .2°C) *34.0 °C*

PERFORM RFI TEST (PRINTOUT ATTACHED)

NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF SUBJECT BREATH TESTS IN EACH RANGE AS FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS)

REFUSALS	1	0-04	1	.05-.09	3	.10-.14	2	.15-.19	1	Over .19	1
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List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

INSTRUMENT TESTED AND CERTIFIED WITHIN DHSS

REGULATIONS

INSPECTING OFFICER

SIGNATURE

Ralph M Stewart

TYPE II PERMIT NUMBER/EXPIRATION DATE

920117

05-21-2011

PRINT NAME

Ralph M Stewart

TELEPHONE NUMBER

660-441-0528



GUTH LABORATORIES, INC.

690 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-684-6470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 08280 of
Alcohol Reference Solution for Simulator were analyzed by
gas chromatography and found to contain 0.1212 percent
(w/vol) ethyl alcohol. The expiration date for this lot
number is August 11, 2009 at 11:59 PM.

When used in a calibrated Simulator, operating at
 $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, this solution will give a breath alcohol
analysis instrument reading of 0.10 percent BAC.

The alcohol and water used in this solution were
free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

SN 66-005220
E735, 2305/28/2009
20:52

ABCDEFGHIJKLMNPQRSTUVWXYZ
 ABCDEFGHIJKLMNPQRSTUVWXYZ0123456789
 ABCDEFGHIJKLMNPQRSTUVWXYZ0123456789!\$#abcde
 ABCDEFGHIJKLMNPQRSTUVWXYZ
 ABCDEFGHIJKLMNPQRSTUVWXYZ0123456789!\$#abcde

JACKSON S.O. DUI CKPT
 INTOXILYZER - ALCOHOL ANALYZER
 MO MODEL 5000 SN 66-005220
 05/28/2009

DIAGNOSTIC TEST 20:52

PROM CHECK E735, 23	PASSED
RAM CHECK	PASSED
TEMP CHECK	PASSED
PROCESSOR CHECK	
SYNC PULSE	PASSED
SYNC SPEED	PASSED
HEG STABILITY	PASSED
POS STABILITY	PASSED
REF RANGE	PASSED

DIAGNOSTIC PASSED

PRINTER CHECK
 ABCDEFGHIJKLMNPQRSTUVWXYZ
 0123456789

JACKSON S.O. DUI CKPT
 INTOXILYZER - ALCOHOL ANALYZER
 MO MODEL 5000 SN 66-005220
 05/28/2009

TEST	%BAC	TIME
AIR BLANK	.000	20:53
CAL. CHECK	.101	20:53
AIR BLANK	.000	20:54
CAL. CHECK	.104	20:54
AIR BLANK	.000	20:54
CAL. CHECK	.103	20:55
AIR BLANK	.000	20:55

NO RFI PRESENT

SN 66-005220 05/28/2009
 E735, 23 20:56
 INVALID TEST
 INHIBITED - RFI

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

R Stewart 920117
 OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

SUBJECT'S NAME

TIME FIRST OBSERVED

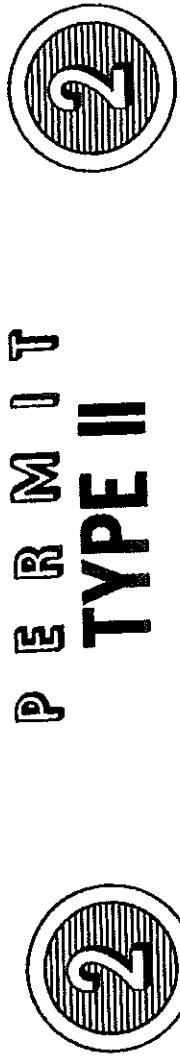
INSTRUMENT LOCATION

R Stewart 920117
 OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

State of Missouri
DEPARTMENT OF HEALTH

P E R M I T
TYPE II



RALPH M STEWART

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

DATAMASTER: INTOXILYZER 5000

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMO 1986.

John J Mathewson

Date 05/21/09

Number 920117

Expires 05/21/2011

Director of State Public Health Laboratory

Margaret T. Brumley

Director, Department of Health
Lab. 4 (R7-88)

MO 580-0771 (7-88)